

APR 24 1932

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1682

1. PLACE OF DEATH

County St. Louis

Registration District No. 502

File No.

Township Marion

Primary Registration District No. 4305

Registered No. 1

City Marion (No. 1)

St. 1 Ward 1

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

Mr. Mrs. William (Earl) Reichert

(OR) WIFE OF

Reichert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 31 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

55

5

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Timber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

93

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis 1

MOTHER FATHER

13. NAME

Herman Reichert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany 10

15. MAIDEN NAME

Margaret

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS) Mrs. Henry Reichert

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet

DATE Jan 3 1932

19. UNDERTAKER

(ADDRESS) Joe M. Lohmeyer

20. FILED

1/3 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 3 1932

22. I HEREBY CERTIFY That I attended deceased from

Dec 31 1931 to Dec 31 1931

I last saw him alive on Dec 31 1931 Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

acute dilatation of heart

92 A

95 B

Other contributory causes of importance:

chronic mitral regurgitation

Name of operation

A. A. V.

Date of

What test confirmed diagnosis

Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury no

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. L. Patrick

(Address) Marion, Mo.

M. D.

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